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GALL-STONES.

BY J. A. MCKEE, M. D.

Symptoms Arising from Gall-stones.

THE symptoms resulting from the presence of concretions in the interior of the liver and in the root of the hepatic ducts are, as a rule, of an indefinite character. They consist in dull pains, which in most cases are limited to the liver, but more rarely radiate to the shoulders, lumbar region, or over the abdomen, ceasing at times and then recurring. The size of the gland is not essentially altered. Jaundice is usually absent, and only supervenes when the larger ducts are closed. At the same time there is usually gastric derangements, slight errors in diet occasioning vomiting or pains in the right hypochondrium. When the irritation of the bile ducts is more severe, attacks of rigor, followed by heat and sweating, which lead to the assumption of intermittent fever, the more readily as jaundice and the hepatic symptoms are absent. In one case on record, quinine was tried for a long time without any benefit, and the cause of the rigors was not discovered until the *post-mortem* examination; which revealed numerous gall-stones up to the size of a bean in the hepatic duct.

A certain diagnosis of gall-stones in the interior of the liver is only possible under favorable circumstances.

Concretions in the hepatic duct are attended by similar symptoms to the above; but, when they become impacted,

they occasion local pains, with obstruction to the passage of the bile, which is indicated by jaundice and enlargement of the liver, and which can only be distinguished from that caused by closure of the ductus communis by the absence of distention of the gall-bladder.

Calculi may exist for a long time in the gall-bladder without giving rise to any symptoms whatever. This is particularly the case with small concretions; on the other hand, large or numerous concretions, from inducing catarrh, or inflammation of the wall of the gall-bladder, cause pains which are usually of a dull or pinching character, but occasionally are more severe and radiate towards the epigastrium, right shoulder, lumbar regions, or hip. At the same time the gall-bladder usually becomes distended and appreciable on palpation, from the circumstances of its neck being occasionally closed by the inflammatory tumefaction of the mucous membrane. These symptoms are particularly apt to supervene after violent exertion, riding, driving over rough roads, excesses in diet, etc., and disappear under the influence of rest.

When ulceration induces perforation, the well-known symptoms of peritonitis are developed, for the most part, with fatal results.

Not infrequently, by careful local examination, we may convince ourselves of the presence of calculi in the gall-bladder, when the latter is accessible to palpation. The larger concretions may then be felt as hard bodies, and when several are present, we may recognize both by the sense of touch and that of hearing, a rattling or grating noise resulting from their concussion.

The symptoms are of a much more remarkable character when the calculi escape from the gall-bladder and enter the cystic duct. Unless the concretions are very small, they meet with obstructions in their passage through the ducts, which are furnished with folds of greater or less strength. The mucous membrane of the ducts is greatly irritated, and painful constrictions of the muscular fibres result, constituting symp-

toms, which are usually known by the designation of "hepatic colic." The colic produced by gall-stones, as a rule, originates in the cystic duct, and only in exceptional cases in the much wider and more easily distended ductus choledochus, in which it is only the duodenal orifice that is wont to offer any obstacles to the passage of concretions.

The symptoms of hepatic colic usually commence a few hours after a meal, about the time the contents of the gall-bladder are poured into the duodenum, simultaneously with the entrance of the chyle. In rarer cases they are excited by violent contractions of the abdominal muscles from lifting heavy objects, or by mental emotions. One case is recorded where the symptoms of colic come on every month, with menstruation.

As soon as the calculus is forced into the cystic duct, pains are complained of at the margin of the liver and in the epigastrium, which are usually accompanied by nausea and vomiting. These pains are in the most cases very severe, and of a boring or burning character, or give the idea as if something were torn in the belly; not infrequently they extend over both hypochondria, and also radiate towards the back, the right shoulder, the neck, etc. At the same time great restlessness is observed; the patients throw themselves about, and in vain seek relief by changing their posture. In irritable individuals, reflex cramps occur, which may become aggravated into the most violent convulsions. I attended one case where the whole body was involved in a clonic spasm, and the patient was unconscious for a time. Weakly persons faint or become delirious in consequence of the severity of the pains.

Postal mentions two cases that terminated fatally during the paroxysm of pain, the autopsies revealing no other lesions than the impacted gall-stones.

The vomiting which usually supervenes at an early stage, expels half-digested food or fluids containing bile; occasionally it becomes persistent and of dangerous severity. The bowels are usually confined, and the abdomen distended and tympanitic.

On examination, the region of the bladder is found to be tense and hard, and tender on the slightest pressure, and infrequently the contour of the distended gall-bladder can be felt distinctly. Jaundice in most cases is absent at first or only slight; as a rule, it does not become more marked until towards the end of the attack, when the calculus fills up the ductus choledochus and forms an obstacle to the passage of the bile. The pulse and temperature are nominal as a general rule. The severity of the colic varies greatly, according to the size, hardness, and roughness of the concretions; and according to the length and width of the cystic duct, the extent to which its *valves* are developed, and the degree of the irritability of the patient. As a rule the first attacks are the most violent; subsequently the duct is dilated and the calculus passes through it more easily. The duration of the hepatic colic likewise varies greatly; it may pass off in a few hours or last for days, sometimes it remains impacted and completely closes up the neck of the gall-bladder. Under such circumstances the colicky pains gradually abate, and there only remains a sensation of tightness or pricking; subsequently inflammation and perforation ensue, causing death.

But, again, the calculus, after entering the cystic duct, may return into the gall-bladder, the obstruction to the flow of bile being removed, until a fresh impaction takes place. This explains why, in many cases, no concretions can be found in the stools after cessation of hepatic colic.

Concretions in the ductus choledochus usually occasion symptoms of a milder character than those in the cystic duct. After the entrance of the calculus into the ductus communis, the pain abates, and only returns with renewed severity when the concretion reaches the abdominal opening. During the presence of the calculi in this duct, the bile is more or less completely shut off from the bowels, and jaundice makes its appearance, which is the more marked the longer the obstruction lasts. Sometimes the bile flows away along the side of the concretions, when the latter are of an angular form or so small as not to close up the duct completely, and

the jaundice may be slight although numerous gall-stones be voided. As soon as the gall-stones reach the duodenum, the painful symptoms suddenly cease; the patient feels as if new born. The bowels act more readily, the evacuations become more dark, and in a few days the jaundice disappears. If the stools be carefully examined we rarely fail to find the concretions. Sometimes we find but a single one, and at other times large numbers.

When the occlusion of the ductus choledochus, by means of calculi, is of longer duration, all the consequences of obstructed flow of bile, which have been already described, ensue; the liver, the duct, and particularly the gall-bladder become distended, and the jaundice increases more and more in intensity. This condition will last until death takes place or the stone is forced into the intestine. In the latter case a large quantity of bile is suddenly discharged into the duodenum, followed by colic, bilious diarrhoea, and sometimes also bilious vomiting. Under such circumstances the ducts often remain dilated for a long time, and the contractility of the gall-bladder is likewise unimpaired. As a result, a large quantity of this secretion accumulates in the gall-bladder until it overflows, or until, in consequence of external pressure, a portion of its contents is forced over into the intestinal canal.

The morbid conditions we have been considering do not always progress so favorably. The distended gall-bladder may inflame and attain an enormous size, this increase of size being attended by violent pains and fever. The gall-bladder then usually contracts adhesions to the abdominal wall or to the intestinal canal, and bursts either externally or internally so as to establish an external or internal biliary fistula. It may likewise burst into the abdominal cavity and excite fatal peritonitis.

The differential diagnosis of the passage of gall-stones from acute gastralgia is to be based on the following points: the occurrence of pain, not excited by any obvious dietetic or other cause; the prominence of vomiting; the presence of more

or less tenderness; the existence of bile in the urine and of icterus or an icterode hue of the conjunctiva and skin; retardation of the pulse; the presence of pain notwithstanding opiates are given in full doses; the sudden relief occurring irrespective of remedies, and after the attack, the discovery of biliary calculi in the stools, with others that have been given.

The examination of the evacuations for gall-stones not only serves to establish the diagnosis, but, on the appearance of the stone or stones, may be predicated an opinion that the gall-bladder does or does not contain calculi which have not escaped. If a single round or oval stone be discovered, it is probable that this was a solitary calculus in the gall-bladder, and other attacks need not be expected; but if several stones be discovered, polyhedral in form, with smooth or polished facets, which may be plane, convex or concave, it is highly probable that the gall-bladder contains others, and the patient cannot count on being exempt from repetitions of the paroxysms produced by their passage. They remain almost always latent, so long as they are confined to roots of the hepatic duct, and thence they may pass through the ductus communis into the intestine without causing any uneasiness whatever; they may remain likewise in the gall-bladder until they become so large and numerous as to be felt through the abdominal walls, or until they enter the cystic duct and by advancing through it and the ductus choledochus give rise to the symptoms of hepatic colic.

TREATMENT OF GALL-STONES.

(1.) Remove the colic and the other developments produced by the concretions.

(2.) Get rid of the concretions remaining in the biliary passage, and prevent the formation of fresh ones.

The treatment at first is palliating. Our best writers advocate the use of narcotics, especially morphia and opium, administered by mouth, rectum or hypodermically, and in extreme cases chloroform. I do not like the opiates in this disease, except hypodermically; first, because, instead of

removing the calculi, it aids in retaining it by constipating the bowels; secondly, the paroxysms appear suddenly. I prefer the chloroform, as it acts more quickly and it has been advocated by Dr. T. H. Buckler (*American Journal of Medical Science*, July, 1867, page 51), that chloroform will dissolve the cholesterine. Durande, of France, proposes the use of sulphuric ether and the spirits of turpentine to dissolve them (3 parts of the former to 2 parts of the latter), and about one drachm was to be taken every morning. It seems, however, absurd to suppose that these or other remedies can be introduced into the system so as to enter into the composition of the bile largely enough to dissolve the cholesterine of which mainly biliary calculi are composed. Emetics and cathartics have been and are advocated under the notion that they aid in the passage of the stone. It is irrational to suppose that they have this effect; the passage of the calculi is mainly due to the accumulation of bile behind it, and remedies to relax the ducts and stimulate the action of the liver so as to increase the flow of bile, also palliate the suffering of the patient and support his strength. A great many physicians recommend the mineral waters, especially of Karlsbad and Vichy, but these are of no benefit to those living on the opposite side of the world. It is also recommended to resort to venesection, also local abstraction of blood by cupping or leeches. I cannot see any benefit in this treatment unless there were symptoms of local inflammation.

There are a great many remedies recommended, and those which are most active are those which act in promoting the flow of bile.

The following is recommended by a number of authors:—

Castor oil, olive oil, infusion of senna, Bittennoassers of Friedrichshall, sulphate of soda. Saunders, particularly recommends for this object calomel with scammony and rhubarb.

By way of further illustration I will give a case or two in practice:—Case 1. Mr. De V., *aet.* about 35, tall, slender, sandy complexion, and of sedentary habits; was

called in great haste, Sept. 8, 1880; found the man in great pain. After a careful examination, I diagnosed it gall-stones. Treatment:—To relieve the spasms and pain, I gave *Dioscorea Villosa*, Fl. Ext., fifteen drop doses, with gelsemium in two or three drop doses, repeated as often as necessary; to remove the calculi, a powder of jalapa, senna and podophyllin. Before the powder, I gave the remedy that is spoken of by all writers, that is, the best olive oil, about two ounces.

Being habitually constipated, I ordered an injection to move the lower bowels. I did not state that he lay for some time in a clonic spasm, which was relieved by the *dioscorea* and gelsemium. He was quite tender over the region of the liver for a few days, but made a rapid recovery.

Case 2. Mrs. G., *aet.* 22, tall and heavy built; was called Nov. 16, 1880; found her vomiting and purging with great pain in region of liver. Treatment:—Allayed the vomiting with a powder of opium, bismuth, sub nit. and cinnamon pulv.; relieved the pain with *dioscorea* and gelsemium; externally I applied hot hops and vinegar; also internally the olive oil, followed by a powder of elaterium and podophyllin, also citrate of magnesia in lemonade. She also made a quick recovery, but has had slight symptoms since.

NEW REMEDY FOR TAPE-WORM.

BY J. H. BUNDY, M. D.

ASPIDIUM ARGUTUM.—Attention was first called to this fern by Dr. Behr, in 1852, who it seems has used it ever since with marked success in the treatment of tape-worm, and for some reason unknown to us has not notably brought it to the notice of the profession. Having a case of tape-worm on hand, was hunting for the quilled bark of the pomegranate, when the druggist—W. H. Bowman—called my attention to the *aspidium argutum*, with the use of it made by Dr. Behr. I resolved upon trying it, following the method of Dr. Behr, which is as follows:—

After 14 hours fasting (from food and water), give 2 drachms of the green root rasped every hour until three doses have

been taken, and in a few hours give a full dose of castor oil.

Not having the green root, and the patient being a girl 10 years old, I used the recently dried root in powder, giving 1 drachm every hour mixed with water, followed by the oil three hours afterwards. I visited the patient the next morning and found she had passed a tape-worm 15 feet long, head and all. It gave the least discomfort to the patient of anything I have ever used for the purpose; in fact, the oil was the only thing complained of by the patient. This is but one case; but its prompt action in producing the desired result is sufficient in warranting a further and fair trial in the future. I understand that there has been a change in the name, from *aspidium argutum* to *aspidium rigidum*. A sample of it can be obtained of H. Bowman, Oakland, sufficient at least for a practical trial.

THE EYE.

BY F. CORNWALL, M. D., OF MINERS' HOSPITAL,
BUTTE, MONTANA TERRITORY.

It is my purpose in undertaking to write a series of articles on the eye that they be condensed and practical, but in saying they will be practical is not admitting that there shall be no theory.

In order that we have a safe and successful therapeutics, a correct understanding of the pathology of the eye is of the greatest necessity. The physician may be well versed practically and theoretically in regard to the morbid manifestations in the body in general but possess very little knowledge of similar conditions in so intricate an organism as the eye. It may be argued that it is impossible that the general practitioner would or could have time to inform himself on topics that specialists only are able to master, but I would reply that they should at least possess a partial knowledge of "How not to do it," *i. e.*, how not to put eyes out. It is a noted fact that there is a great deal more harm than good done by the prescriptions of physicians who have not made a special study of the eye. If the physician has not the diag-

nostic skill to prescribe rationally for intraocular disease, or the dexterity to perform a surgical operation, he may be able to avoid producing permanent injury by harmful agencies or meddlesome instrumental interference with conditions better to be left undisturbed. I once examined a man for glaucoma, who had been prescribed for by a number of the best physicians of Memphis, Tenn. The patient had preserved a copy of their prescriptions which were substantially the same in this respect, that they all contained strychnia, thus evidently thinking the affection of a paralytic nature. Of course the disease was aggravated by such remedies. The true pathology of glaucoma being a choroidal inflammation, the remedies suggested would be physostigma, gelsemium, and pot. bromide.

Another point I wish to make in these prefatory remarks is the great difference between the therapeutics of the eye by the great continental writers and their followers in this country and American teachers. The former excel greatly in microscopical anatomy and pathology, while the more practical American makes deductions therefrom and applies remedies to cure. This would not apply to surgical operations, as continental oculists are really in the advance in this respect. But it is not the object of these articles to instruct the specialist, but the busy practitioner, it is hoped, may glean something herein that will prevent him making mistakes and help him to cure those cases which legitimately and from necessity he is obliged to treat.

Eclectic physicians are good therapeutists, and if they are once able to understand the varied pathological processes in ophthalmological disease, they will readily suggest the proper remedy. It is the custom of European oculists and those who copy after them in America, to use very frequently the various salts of mercury to dry up eczematous affections of the lids and as an irritant in some conditions of the cornea, while the eclectic therapeutist would cure the case much more quickly and certainly by the use of unguents containing sulphate of hydrastia or some other mild and simple agency. But these

remedies will all be discussed in their place and will need no further mention here. Many scientific writers fall into the error of supposing their readers as well informed as themselves, and in medicine the practical details, on which the whole success of the treatment may depend, are frequently omitted.

I will, in articles which are to follow, take up the various affections of the eye that would be likely to interest or instruct the common medical reader, and would make an apology to those who have investigated ophthalmology to any extent for the seemingly trivial things I shall mention.

A COMPOUND FRACTURE OF THE SKULL; TREATED BY ELEVATING.

BY D. D. CROWLEY, M. D.

A FRACTURE of the skull, at times, is accompanied by the most dangerous conditions, though the wound of the scalp be slight; the fracture to all outward appearances only a shallow depression; yet it may result in death, or paralysis following the most profound coma. On the other hand, when the fracture is very extensive, fragments of skull imbedded deeply into the brain, the dura mater lacerated, and a portion of the brain exuding from the wound, the patient recovers without either loss of memory or reason. Many cases have been enumerated, where after the reception of an injury, the patient's entire temperament and manner of life became immediately changed, and from the different theories advanced, I would infer that concussion of the brain is far more dangerous, as to reason and memory, than pressure. The recipient of a fractured skull has from its effects lost all memory; and as post-mortem examinations in such instances prove that there is no pressure on the brain, no thrombus, no obliterated vessels, and neither is there a change in the brain substance, as to its softness or hardness. The question would naturally arise, what change has occurred to produce this particular phenomenon. It may be a molecular change, and why not; the layer of cells in the cornea, if materially dis-

turbed, will cause its opacity and obliterate light from entering the eye. Might not the molecular arrangement of the brain substance by concussion result, comparatively speaking, in opacity of the mind, or so change it that the temperament would be subsequently different, or even the memory suspended for an indefinite period.

Dr. H. S. Fullerton describes the effects of a cerebral injury caused by a piece of iron passing through the frontal bone and affecting the anterior middle and most of the posterior lobe of the right cerebrum. Convulsions were present which were to a great extent relieved and suspended for many days by potassium bromide. He states: "My view of the happy effects of this drug is corroborated fully by other medical officers of the asylum who watched the progress of the case with me." He continues: "If further proof than is already before the world were needed to show that the hemispheres of the brain are the organs of intellect, this would be a case in point, for there was a marked intellectual disturbance, as witness the delusions. But the more valuable and interesting phenomenon was the moral obliquity which appeared in the case and progressed *pari passu* with the advance of disease within the cerebral mass. Here was a man, quiet and orderly before receiving an injury to a hemisphere of the brain, who after the injury became terribly profane, obscene and quarrelsome; who, as purulent degeneration progressed within the brain, became a victim of uncontrollable paroxysms of rage upon the slightest provocation, and who, towards the close of life became dangerous to all about him, through his violence."

Yet another writer describes an injury of the cerebral substance, where a circular saw cut a deep wound into the brain followed by the loss of at least a tablespoonful of cerebral matter which resulted in perfect health to the patient, and no mental derangement. The author's reason of death not following the injury, was the absence of *concussion* and hemorrhage.

Dr. S. C. Mendenhall describes a cerebral injury, where through the wound in the skull, blood and small particles of

brain passed. He says: "I removed a large number of small spiculæ, found the skull much shattered by the violence of the blow, and not less than two tablespoonsful of brain on the cloth which had been kept on the side of his head until my arrival. I shaved the scalp adjoining the wound, adjusted the soft parts by means of adhesive strips, directed the application of external warmth to aid the circulation, and administered opium according to symptoms.

Contrary to my expectation he recovered with no specially interesting points developed during convalescence save a marked and peculiar *change of voice*—which became permanent. But from that time his whole mental and moral nature seemed to have undergone a marked change. *Before* the injury he was quiet, unassuming, somewhat stupid boy, universally regarded as honest. *Afterwards*, he became noisy, self-sufficient, sharp, and seemingly devoid of moral sense or honesty. These new traits evinced themselves immediately and strikingly as soon as convalescence was fully established."

In Dr. F's case as the lobes of the cerebrum degenerated, also did the intellectual disturbances increase which at last resulted in death. There was severe concussion and probably compression as the patient suffered from convulsions from time to time.

In the last case, directly after the injury, there was a permanent change in the voice, also in the entire "mental and moral nature." The after effects of the injury in no way impaired the memory.

I enumerate these cases as an introductory to one which has come directly under my notice. One, that to me, contains points of interest; some that are similar and others that are dissimilar to those present in the cases described by Drs. F. and M.

January 11, 1881, Mr. B., a painter, aged about fifty years, while at work upon the spire of a church of this city, lost his balance and fell to the roof, a distance of forty-two feet. He was taken up insensible and carried to the office of Dr. Mac-

Lean, where (I being called in council) we made the necessary examination.

The patient's pulse was slow and weak, respiration normal, face pale. He had returned to consciousness, and in order to ascertain what extent the skull was injured, as there was a large gaping wound over the orbit a little external, we chloroformed the patient and made an incision which caused the wound to extend from the superciliary ridge, and downwards to the frontal process of the malar bone. Dissecting back the tissue upon the respective sides of the wound we could plainly discern a fracture of the external process of the frontal bone implicating the frontal process of the malar and ascending three-fourths of an inch above its articulation with the frontal; also extending laterally from the orbital arch to the temporal ridge. The greatest depression, being at the superior portion of the wound near the superciliary ridge, was one-third of an inch in depth and gradually decreased, so that when the malar bone was reached, it was only slightly depressed. As the bones were only depressed and not splintered, by inserting the elevator beneath the supraorbital arch and into the continuity of the bone, using one hand as a fulcrum, the depressed fragments were easily elevated to their proper level. The wound after being cleansed by a carbolic solution, the clots of blood and foreign bodies removed, we adjusted the soft parts, retaining them in position by four sutures.

Treatment—Applications of a carbolic acid solution.

R Veratri Tinct.

Hyoscyami āā 3 ss.

Aquæ, ʒiv.

M. Sig. A teaspoonful every two hours. Chloral Hyd. was given according to indications.

At 6 p. m. pulse, temperature and respiration normal; sleeps nearly all of the time; when awake quite irritable; heavy breathing; wound not painful; urine passes away involuntarily; semi-comatose.

Jan. 12th. Takes but little food; no change in yesterday's conditions, except the increase of temperature to 99°.

Jan. 13th. Pulse, 74; temperature, $98\frac{1}{2}^{\circ}$; respiration, normal; the heavy breathing during sleep, and semi-comatose condition are not present; perfect continence; all questions asked are answered quite intelligently, except matters of the past. He recognizes no one, not even his wife; does not know that he ever was a painter, and all the skill that he has acquired in his trade during the many years of work, is at the present time lost.

He retains his strength, and when required, leaves his bed and room. His appetite is fair. He is still irritable and stubborn, becoming very excitable at the least aggravation, yet I understand that previous to the injury he was quite different.

His condition, which is plainly enough the result of severe concussion, is quite different from the cases mentioned in this article. The total absence of convulsions indicates no pressure upon the brain. The absence of paralysis, the retention of muscular power shows conclusively that the seat of motion is not impaired.

As the conditions indicate no organic lesion, may not the loss of memory be the result of a molecular disturbance in the cerebrum? And in the future, the little cells or centers which were produced by the receptions of facts, and torn down or greatly disturbed by this severe concussion; may they not be reproduced by new thoughts or if only disturbed in part, may they not return to their usual vigor and as before act as a receptacle and eliminator of thought.

Jan. 24th. No change, except appetite is better; the wound has united by first intention and the extravasated blood is absorbed. As far as the physical being is concerned no better result could be expected, but that of the mental faculties are very unsatisfactory.

THE number of unqualified practitioners of medicine in Illinois has decreased by 2,300 since the enactment of the medical law in 1877, and in proportion to number, far the greater number were of the old school.

The Alameda County Eclectic Medical Society.

THIS Society was incorporated Dec. 29, 1879. Its Directors convened at the College Hall and formed and adopted By-Laws, Rules of Order and a Code of Ethics. Subsequently the following officers were unanimously elected for the ensuing year:—

D. MACLEAN, M. D.....President.
 A. MACRAE, M. D.....Vice-President.
 D. D. CROWLEY, M. D.....Secretary.
 O. P. WARREN, M. D.....Treasurer.

Previous to April 20, 1880, the expected interest in carrying on a Medical Society seemed to be wanting; so much so, that at many meetings a quorum failed to be present, causing the Society to adjourn from time to time.

Yet there were a few good workers always present, and at last, by their united efforts, they effected an increase in number. The number, though few, were select, as none but graduates from schools in good standing were allowed to enter. From April 20, onward, the Society became more vigorous, and nearly every month a large number of the most liberal and educated physicians in Alameda county might be seen gathering in one of the College halls and there for hours carrying on scientific debates upon the different medical subjects. Those that were dwelt upon more particularly, were:

1. Cancer of the Uterus.
2. A dislocation of the femur, with a fracture of its upper one-third of the shaft.
3. Gangrene.
4. Ulceration.
5. Abscess.
6. Neuralgia.
7. Syphilis.

The second annual meeting of the County Medical Society took place at the College Building. After reading the reports of the Secretary and Treasurer, the following officers were elected for the ensuing year:—

C. E. CASE, M. D.....President.

J. H. BUNDY, M. D.....Vice-President.

D. D. CROWLEY, M. D.....Secretary.

O. P. WARREN, M. D.....Treasurer.

Subsequently Dr. O. P. Warren handed to the Society the following report of a case in practice:— Andrew Craig, *aet.* 36, a native of New South Wales, died on the 16th of January, 1881, of tuberculosis of the lungs and liver, accompanied by hydro-thorax and general anasarca—*Sectio Cadaveris*. The pleural cavity contained large quantities of a thin watery fluid. The lungs were thickly studded with tubercles. Some were only in their incipiency, while others were fully matured and softening, contained in their centres quantities of pus and purulent matter. Not only did one, but the entire number of lobes suffer from tubercular deposits, from softening and gradual destruction.

The liver also contained tubercles similar in structure to those of the lungs. They might also be seen in their different stages of growth, from the size of a pin's head to that of a walnut. At first containing only a small quantity of fatty matter, which at some distance from the center became gradually lost in healthy tissue, and finally resulting in degeneration and the formation of pus.

Commentary:—While young, this man led an active outdoor life. He was strong and rugged and to all appearances free from any of the conditions that were present at his death. Afterwards coming to California, his business caused him to lead a life that was different in every respect, which was soon accompanied by poor health. Two years ago he suffered from carbuncles and abscesses, which were present more or less for eighteen months; at the termination of which time he had an encysted tumor removed from between the scapulæ, leaving two untouched upon other portions of the body. The abnormal state of the blood, the tubercular softening, and the pressure of fluid in the thoracic cavity are plainly enough the primary causes of death.

D. D. CROWLEY, M. D., *Secretary*.

ENTERITIS.

BY J. H. BUNDY, M. D., OAKLAND, CAL.

ENTERITIS, or inflammation of the bowels proper, is a severe disease involving all the coats of the bowels. It varies greatly however, in severity, the results being sometimes slight, but more frequently very grave and the mortality very great, in fact the most severe disease we are called to treat involving the abdominal region. The causes are numerous, such as blows, falls, hernia, constipation, irritating drugs, acrid ingesta, obstruction of the bowels, and exposure to cold, etc. The symptoms are: fever with a small, hard, wiry, rapid pulse; tensive, deep grinding pain in the umbilical region with great tenderness on the slightest pressure, aggravated by the least motion exciting the abdominal muscles; Patient lies on the back with the limbs drawn up; chills or rigors; constipation, nausea, and perhaps vomiting; skin hot and dry; respiration somewhat hurried; countenance expressive of anxiety and marked constitutional disturbance. This disease runs a rapid course usually terminating in from three to six or eight days. If the disease is about to terminate fatally, the abdomen becomes much distended, pulse thready, quick and small, singultus, cold, clammy sweats, stercoraceous vomiting and perhaps convulsions ending in coma. To treat this disease skillfully requires an accurate diagnosis, which should be made early, before the patient has had an opportunity of prescribing for himself. Unfortunately for the patient and physician, however, in the majority of cases met with, the patient has swallowed a dose or two of patent pills, inducing catharsis—throwing fuel to the already flaming structures, and the physician is confronted with a formidable condition of affairs to manage. I wish there were no such thing as "Cathartic Pills." Were this the case many lives would be spared that are daily destroyed by this the worst of all curses to humanity,—physic. Like "typhoid fever," enteritis requires no cathartics, and the greatest caution in this regard should be observed. As a sedative in this disease aconite

holds the first place. If the pulse are full and bounding as they are in *some* cases, then Veratrum may be added. If there is a place where opium may be used to good advantage, it is enteritis proper, or where there is an inflammation of serous membranes, as in peritonitis. If the patient is an adult, I use or prescribe the following:—

R Tr. Aconite, gtts. xx;
Aqua Dist. ℥iv.

M. S.—Take teaspoonful every hour.

If pulse are full, bounding or throbbing, I add as much Tr. Veratrum and give it as frequent. The bowels, or rather the abdomen should be either fomented or stuped with turpentine. As a fomentation the good old “Smartweed” suits me best. Steep a good quantity of the herb and assiduously apply it to the entire abdomen as hot as the patient can bear. If this cannot be obtained, hops and vinegar, or tanzy, wormwood, etc., may be used in its place. To stupe the bowels, wet a cloth with spts. turpentine and lay over the abdomen, or pour on a teaspoonful and spread it over with the hand, bathing it gently but thoroughly in, and repeating it two or three times in twenty-four hours. Having carefully carried out this treatment, put the patient on the following:—

R Pulv. Opii, grs. xij;
Sach Lactis ℥j;
M et Ft. Chart No. iv Div.;

S.—One powder to be taken every 4 to 6 hours until patient is easy.

If it is presumed that ingesta might be the cause of the trouble, a moderately large injection may be given to unload the lower bowels, which will prove to be a relief to the patient. I have used charcoal poultices over the entire abdomen to good advantage; and they may be resorted to with good effect in all cases.

Stimulants will be required in all cases, but the quantity to be given must be given as required and the effects carefully watched. Tonics too will be needed and quinine is the best given, one or two grain doses three or four times in 24 hours

after the inflammatory symptoms have subsided. As to food, but little will be required, as but little digestion is carried on, and the patient will not starve in from three to five days. Good beef tea is as good as anything and in fact is best, as milk will coat up the tongue and requires more action of the digestive organs to complete the process. If the bowels do not move except clearing the lower bowels by injection, for from four to six or eight days, no harm will arise. Above all things never give active cathartics, or disturb the gastro-enteric tract with them, but preserve and husband the strength from beginning to end and trust to the remedies and other treatment and hope for the best.

EDITORIALS.

THE JOURNAL.

WITH this number we commence the *second* volume of the CALIFORNIA MEDICAL JOURNAL. The experience we gained in the past year will enable us more fully to meet the wants of our readers. No pains shall be spared to make the JOURNAL the best exponent of liberal medicine in this country. Besides home correspondents, we have made arrangements with Eastern contributors, whose writings will appear in each number for the future.

Dr. Cornwell of Montana will continue a series of articles on the eye. The doctor is a man of experience, and a plain, practical writer. His contributions will be valuable to the general practitioner. Dr. Goss will write on *Materia Medica*; Dr. Potter on Practice of Medicine and Professor Meads on Chemistry and Toxicology. We have not fully completed arrangements for the other departments of medicine, but hope to secure equally prominent men for each division.

We are publishing a medical journal for the purpose of disseminating medical knowledge, promoting harmony in the profession, and exposing frauds and quacks. As journalists, we will do our duty, no matter whom it hurts. We fear not

the poisoned arrows of falsehood, nor the outpourings of impure and vitiated minds. We shall proceed the even tenor of our way and see that no guilty man escapes.

Two of our number have been well advertised by circulars and otherwise in the past year, but we consider abuse from such men the highest commendation of our course. We are here to stay and our only defense to falsehood and misrepresentation shall be our conduct, but no amount of persecution shall deter us from publishing the truth.

We solicit articles on general topics and hope that our friends in the interior will write for us more frequently.

Our endeavors shall be to make the JOURNAL so interesting, that no liberal practitioner on this coast can afford to be without it. In order to do this we must have your assistance. It takes money to run any enterprise, and we gently remind our readers that a remittance of \$2.00 would be in order to begin the year with.

PARKE, DAVIS & CO.

THE profession is under many obligations to this enterprising firm for introducing many rare and valuable remedies. Their agents have gathered medicinal plants from almost every clime. Every continent, and some of the far-off islands of the sea have been placed under tribute to furnish new drugs for their extensive trade. No expense is spared in procuring and manufacturing any drug that gives evidence of therapeutic value. Such enterprise deserves the thanks of the profession, and gratitude of suffering humanity.

We have prescribed their Fluid Extracts in an extensive practice for many years, and have always found them reliable. We believe the firm to be careful in the selection of materials, and honest in their manufacture. Our experience is that they are as good as the best, and far better than many in the market. Believing whoever uses their manufacture will not be disappointed, we cheerfully recommend them to our brethren of the profession.

MEDICAL LEGISLATION.

AT each session of the legislature, numerous philanthropists, anxious for the protection of the dear people, present their schemes and urge the necessity of the enactment of such laws as they imagine, or pretend, shall be a benefit to the public. While we believe in regulating the practice of medicine by law, we do not believe in imposing such arbitrary restrictions as to be burdensome and unjust to any class of physicians. We are opposed to any law that would require an examination of a graduate in medicine from any respectable school. We believe it to be unnecessary and unjust, and would have a tendency to sink a noble profession below the level of a trade.

We are satisfied with the present law and see no great necessity for a change. True, it is urged that too much power is placed in the hands of the Board of Examiners, and injustice frequently done to parties through improper motives. We have no doubt cases of that kind may occur. It is difficult to conceive of perfection of any human devise. To err is human. Still we believe the Boards of Examiners, on the whole, have endeavored to discharge their duties honestly, faithfully and conscientiously, and that no more injustice has been done than under any legislation that may be devised to regulate the practice of medicine. It may with equal propriety be urged that courts have too much power. Injustice under the guise of law is frequently committed. Yet no well meaning citizen thinks of abolishing courts of justice. We believe that the great majority of the profession is satisfied with the present law, and that the time has not arrived for any material change.

Should any change be made in the present law, we would favor one Board, with equal representation of each school. But we are decidedly opposed to any one school having a majority, and be in a position to entirely control its action. It would simply be equivalent to no representation whatever of the other schools. We understand this is the nature of

the Bill to be presented by our Allopathic friends. They argue that each school should be represented in proportion to their numbers. In a Board of seven, this would give them five, the Eclectics one and the Homœopaths one. This would be a gross injustice, which we should resist with all our power. Our rights, liberties and interests are as dear to us, if we are few in number, as to any class of citizens and tax-payers of this Commonwealth.

If we are to have one Board of Examiners, let it be a Board of nine members, consisting of three from each school. This would be just to all concerned. The rights of all classes should be equally protected. This is in accordance with the genius of our government. It is our boast that we have no privileged classes, that the humblest citizen has equal rights with the highest and receives the same protection at the hands of our government.

The different schools of medicine are antagonistic. This may not be the proper feeling, but the fact remains that it is the case. And for this reason no undue advantage should be given the one over the other. We demand equal rights for all schools. They have that under the present law, and we hope our legislature will stop and think before they change the present state of affairs.

We should like to see an amendment, or addition to the present medical law, in reference to obscene and immoral advertising. Revoking a license is not sufficient. A penalty should be imposed that would virtually end such disgraceful advertising as we find in the daily prints, and circulars scattered abroad in the land. It is a shame and should not be tolerated. It is a disgrace and does not speak well for the morals of the people.

Some advocate doing away entirely with Boards of Examiners. We are not in favor of such a measure as long as bogus diplomas are in existence. We believe any one who has received a diploma C. O. D. would not hesitate in making oath that he received it in the regular course of instruction. Authority should exist somewhere for rejecting doubtful diplomas. If the power is conferred on the courts we have no objection. All we claim is a necessity for the power.

ANSWERS TO CORRESPONDENTS.

E. C. W., Rush Lake, Utah. Without doubt the root you send is the *Angelica*, but to be certain the plant and flower would be necessary to insure correct identification. As you promise, send them along soon as they can be obtained.

S. R., Jacksonville, Or. Your specimen No. 1 is the *Equisetum robustum*; and like the *E. hyemale* influences the solar plexus. Therefore is useful in urinary affections if given in small and frequently repeated doses.

Specimen No. 2 is the *Asarum Canadensis*. It is stimulant and tonic, and in infusion is powerfully diaphoretic.

L. R. W., Arizona. Yours is *Senecio Vulgaris* and grows the world over nearly. It is cathartic and a stimulant to glandular structures. Is considered by many as an excellent alterative.

H. H. K., Portland, Oregon. Your specimen is the *Delphinium nudicaulis*. Medicinally I know nothing of the plant. Yes, we will name anything you wish to send.

J. K., Eureka, Nevada. Your specimen No. 1 is the *Cornus Florida*. It is a good anti-periodic, if given in full doses. If the fluid extract is used, it may be given in drachm doses every three hours in intermittents, commencing as soon as the fever begins to decline, and continued until one-half or even one ounce has been taken. Although such doses may seem to be heroic treatment, no harm or unpleasant symptoms will arise; but it will quite surely arrest the paroxysms, and take the place of quinine. An infusion of the bark taken freely will do the same if drunk freely and it is perfectly safe and much cheaper than quin. sul. In some of the forms of dyspepsia, it is one of the best tonics and stomachics we have, as well as an excellent anti-periodic. Specimen No. 2 is the *Micromaria Douglasii*. It belongs to the mint family, or Nat. Ord. Labiatae. I have had a specimen of the same once before. It is a good stimulant, and is excellent in diseases of

children as a stimulant in diarrhoea or dysentery. It also has tonic properties to some extent, and is of considerable value in the diarrhoea of typhoid fever, combining as it does, the stimulant and astringent properties, both requisites in this disease.

D. S. The specimen you send is the *Senecio Vulgaris*. It grows quite plentifully all over this coast. It belongs to the Nat. Ord. Compositæ. It is seldom used in this country, while in England and Germany it is quite extensively used as a laxative or cathartic, from its supposed action upon the liver. In large doses it is emeto-cathartic. Of the Fld. Ext. the dose is small, from one to three or five drops three or four times daily.

H. J. K., Colfax, Cal. Specimen No. 1 is the *Rhamnus Tomentosum*. It differs from the *Purshiana* in this respect: it is quite drastic in its action, even producing emeto-catharsis; and the dose is not large that produces this effect, say, one drachm of the fld. ext. This has been dispensed as the *Rhamnus Pursh.*, to the detriment of the patient and the true drug: *Rham. Pursh.* If you will use P. D. & Co.'s fld. ext. you will get the genuine. No. 2 is a bulbous plant, without doubt Nat. Ord. Liliaceæ. Not having the bulb, and a very imperfect flower, we are unable to exactly name the plant. Please send us another with the bulb (or root) and a good specimen of the flower, and we will name it for you. Always send root, stalk and flowers, to insure an answer, especially if the plant is bulbous.

P. G. H., Walla Walla. Your specimen is the *Hemizonia Macradenia*. Your specimen was gathered too late and badly pressed. It has been partly tested by Drs. Pearre and Bundy and found to act quite thoroughly upon the liver and glandular organs generally, but more especially upon the liver. The dose of the fld. ext. is from three to ten drops four or five times daily. In large doses, (3ss to 3j) it is emeto-cathartic, and should never be given in such doses, unless such action is actually desired. In time it will find its way into our *Materia Medica*.

Question.—Is there an Eclectic College in Oakland, Cal.?

Answer.—There is an *Eclectic College* in Oakland. The second course of the College is now in session with a good class of about forty-five students. Quest. 2.—How long is the required time for lectures and study before graduation? Ans.

—This College, the California Medical College Eclectic, requires that the student shall have attended *three* courses of lectures (at the regular annual lectures of six months each) and that he, or she, shall have dissected the entire cadaver; and that they shall have pursued the study of medicine under a preceptor during this time, who is a graduate of some respectable medical college; or, under the tuition of some of the members of the Faculty; or that they shall have attended two full courses of lectures in some other medical college in good standing, and having attended the last, or third course in this college. He must be possessed of good moral character, and be 21 years of age, possessing a *good* English education, a knowledge of Latin and Greek, *not* necessary, but *actually important*, and recommended as being necessary to a good medical education. Will send announcements to all who ask such questions.

Several answers to correspondents, for want of space, will be left over until the next number.

SELECTIONS.

THE USE OF CARBOLIC ACID EXTERNALLY IN ERYSIPELAS.

BY C. G. ROTHE, M. D.

IN erysipelas, the use of injections of carbolic acid into the subcutaneous cellular tissue at the border of the affected parts is a familiar method, one much recommended, and that has been very successful. In private practice, however, and in erysipelas of the face—the most common form—this is not a very agreeable procedure, to say nothing of its painfulness as applied to the periphery of an inflamed, swollen, and already tortured region.

Instead of this I have been accustomed, for years, to employ painting of the inflamed surface and its surrounding parts, every two hours, with a mixture of carbolic Acid and oil of turpentine:

R	Acidi Carbolic	.....	1 drachm.
	Spiritus Vini	.....	1 drachm.
	Olei Terebinthinæ	.....	2 drachms.
	Tincturæ Iodini	.....	1 drachm.
	Glycerinæ	.....	5 drachms.

and have had occasion to be well satisfied with its success.

The applications are entirely painless, and do not even excite heat of the skin. Commonly, this is found wrinkled and pale on the second day. This method does not check the advance of the redness and swelling any more surely than any other; but a part newly attacked can be restored equally as quickly to its normal condition by the same application, so that the course of an ordinary facial erysipelas is usually terminated in three or four days.

The part that has been painted is covered with a very thin layer of fine carded cotton batting. In case of high fever, or gastritis, of course the remedies indicated—digitalis, quinine, an emetic, etc.—must be employed.

I have in no case been able to recognize the much vaunted “specific” action of the tincture of the chloride of iron. The course of the disease has always been about the same. I have never had a fatal case; though I have observed recently grave symptoms of meningitis. This occurred in the case of a tailor, forty years old. I found him with the whole of the left half of the face, the ear, and the scalp red, swollen, and painful, and with moderately high fever. I ordered digitalis and painting with the carbolic acid mixture. The next morning the man was sitting up in bed with contracted pupils, staring stolidly into vacancy: in one hand a piece of bread was firmly grasped; the swelling of the face was almost gone; instead of the left, the right ear was attacked, and the scalp on the back of the head swollen. On being addressed, he gave no answer and showed no appreciation of

what was said. The arms and hands, even the head, remained stiff and motionless in any position in which they were placed, as if he were in a cataleptic condition. Pulse fifty and full; temperature 39.7° (103.4° Fahr.); tongue coated. I concluded that strong derivation to the skin and intestines was the best means to check the advance of the disease to the meninges. I therefore at once placed on his tongue a gram of calomel, and had five grams of mercurial ointment and two grams of tartar emetic rubbed into the nape of his neck. In three hours the patient had a large passage from the bowels, and was sufficiently restored to his senses to reply to questions. He could not remember what had happened, and complained of notions in his head. The paintings were now carried out regularly and sixty centigrams of quinine given. The next day all the grave symptoms had disappeared, the swelling was everywhere reduced, the skin wrinkled and pale, the pulse seventy, the temperature 37.3° (99.1° Fahr.). A mercurial stomatitis was established, which was, however, cured in two days by the use of chlorate of potash.—*Medical Brief.*

RETAINED MENSES IN THE NEWLY MARRIED FEMALE.

BY O. E. HERRICK. M. D., GRAND RAPIDS, MICH.

It is by no means uncommon for the female newly married to imagine that she is in an interesting condition at the first menstrual epoch following her marriage, and she watches with anxiety for the menses during the days they should appear, but in the majority of instances they do not show at all at that time. Then in alarm she seeks her medical adviser and states her fears, as very few young women like the idea of becoming pregnant during the first month of their married life, even though they do not expect or wish to escape maternity. It is a fact well known to all physicians that women seldom menstruate at the first month following their marriage and the young wife is usually comforted by such an as-

surance from her physician, and goes home to wait patiently until the next period, when, if pregnancy has not occurred during the month, she will likely menstruate again. As stated above these facts are well known to the profession, but I do not remember to have ever seen any explanation of the phenomenon. I believe it is caused in the following manner: Young married people are quite liable during the first month of their married life to indulge in sexual intercourse to excess, and as it is, or should be an entirely new thing for them (or at least for the female), there is more or less irritation produced of the sexual organs of both male and female, and in the latter I have seen quite violent inflammation, setting up a severe vaginitis; and, as might be expected, the os and neck of the uterus were more or less involved. I have also often noticed when making vaginal examinations of newly married females, that the os uteri seemed to be swollen and painful to the touch, and no doubt the causes spoken of above were the immediate ones. This being the case then, it is quite easy to understand why they do not menstruate at the first period following their marriage; the os and cervix being swollen and inflamed, closes the canal firmly so that it is quite out of the question for menstrual blood to escape, and while the female experiences all the other symptoms, such as languor, pain in the back, weight in the pelvis, etc., no menses appear. I had been so often appealed to under such circumstances that I determined to test my theory as to the cause of this disturbance. And when in a few days I was again consulted by an alarmed young wife, I proceeded, after making a vaginal examination and ascertaining that the usual swollen os and cervix were present, to gently pass a small sized gum elastic male catheter, and upon removing the inside wire director was gratified at seeing the menstrual blood commence to at once escape from the catheter, and it continued to do so for the few minutes in which the catheter was left *in situ*. But upon its removal the blood at once ceased to pass. The lady, however, having seen blood was entirely reassured as to her normal condition. I prescribed

warm water injections and a lead and zinc wash to be used twice a day for the next month, and although she did not menstruate any more at that time. "came around" promptly at the next period. In that case I was sure as to the cause of the interruption; and since that time have taken frequent occasion to prove the correctness of this theory. Of course one must be quite cautious in introducing anything into an inflamed cervix, not to introduce the instrument into a pregnant uterus; and if the operator has any doubts, it is best to let the case alone. But in the absence of all other symptoms one may with proper directions gratify his patient and relieve her mind from worry for at least one month.—*Michigan Medical News.*

MEDICAL ITEMS.

M. HERZSTEIN, M. D., after having attended a full course of lectures and graduating in our college of the session of 1879-80, and previously having studied and attended lectures in one of the most popular colleges in Germany, located in San Francisco, in March, 1880. He succeeded within a few weeks in establishing himself in quite a practice in both medicine and surgery, having resided for quite a length of time in Southern California, previous to his locating in San Francisco, and being active, energetic and a thorough scholar, soon inspired his friends with the belief that he would make a fine teacher. He received and accepted the appointment of the chair of nervous diseases and physiology in the Medical College at Oakland, California, and is now laboring hard in delivering his first course of lectures. We wish him great success and will guarantee that Prof. Bundy and colleagues will never have occasion to regret the selection which they have made to fill this chair. We learn that this college is meeting with great success. Their class will reach, as we are informed, about fifty students this winter. If this school is carried out in every respect as we believe it will be, it will receive the confidence and co-operation of the Eclectic Medi-

cal profession on the Pacific coast. Truly may it be said that medical reform took its way westward. We have our Eclectic colleges in the East, North-west, South, and now finally on the Pacific coast. Who cannot say that Eclecticism, as regards her institutions, is not on the onward move? Thence we find schools in New York, Georgia, Ohio, Illinois, Indiana, Missouri and California, with an approximating arrangement in other States to create medical departments in the Universities of Michigan, Minnesota, Nebraska. * * *—*Medical Eclectic*.

ERYSIPELAS AND THE TINCT. OF IRON.

BY C. D. R. KIRK, M. D.

It seems to be a fixed fact in the minds of a great many physicians that the Muriated Tinct. of Iron is a specific for Erysipelas. One writer in a late journal says a dose of calomel followed with large doses of Tinct. of Iron will cure nearly every case of the disease. Iron is the sheet-anchor, but should it fail, "fence it in with Tinct. of Iodine," as we would swim. My experience in treating the disease has convinced me that a majority of cases in the sporadic form will be benefited if not entirely relieved with the Tinct. of Iron, whilst in treating the disease when it prevails as an epidemic the Tinct. of Iron is seldom needed, only as a tonic as in other diseases.

In this locality we have just had the disease in its epidemic form—at least we have had a great number of cases resembling no other disease in many particulars when they beset us in an epidemic form.

The writer was so thoroughly in the old rut of regarding disease after the "say-so" of others, without thinking for himself, that he gave several of his first cases a very good trial with the Tinct. of Iron, although there were no marked indications for the remedy, except that the disease was undoubtedly Erysipelas; and this confirms the fact that there are no specifics for a disease, but for a diseased condition.

The following cases, as treated by the writer, will give the reader a pretty good idea of the disease in its epidemic form, and also show where the M. D. would doubtless float, if he persist in any fixed or stereotyped plan of treatment. Annie McM., aged three years, was taken with fever preceded with a chill, very fretful and would cry as with severe pain when moved, a careful examination discovered a dull red, swollen surface in the right axilla. The fever rose quite rapidly after the first day, and the reddened surface extended to the throat, breast, and down the arm to near the fore-arm. The pulse was full and fast, skin dry, tongue coated white, the tongue itself of more or less pallor. The patient was at once put upon Tinct. of Iron in full doses with Veratrum and Gelsium as sedatives; the iron also in solution locally. Under this treatment the fever rose high in spite of the sedatives, in fine, every symptom grew worse and it became apparent that a change in treatment must be made or a speedy dissolution would be the result. After closely watching the case I was convinced that it was suffering from an itching burning pain for which I prescribed Conc. Tinct. Apis Meli. (gtt. 1 to water \bar{z} iv) alternated with the Veratrum and Gelsemium; a great quantity of pus formed in the axilla, but was passed readily through an incision.

I. McS., aged one year, very fleshy. After the child had been fretful with slight fever for several hours its mother noticed a red spot on his leg near his knee. A neighbor who saw it, recognized it as "only erysipelas, and a little copperas water will cure it by morning." I was called the next day, after the "copperas-water" had had a fair trial. The redness now extended to its body, there was considerable fever with small pulse, rapid; cold extremity. The fat fellow was very restless with labored breathing. The tongue was broad and covered with a dirty white coat.

The following plan of treatment was given, which was right because it was successful:—

R	Tinct. Aconit.		
	Tinct. Belladonna, āā	.	gtt. v;
	Water	.	\bar{z} iv; M

I give a teaspoonful every half to an hour alternated with a teaspoonful of:—

R Sulphate of Soda . . . gr. x;
Water. ℥iv; M

Also apply locally a strong solution of sulphate of soda followed with a simple poultice, move his bowels with small doses of sulphur salts and ginger, equal parts. Warm the extremities with hot flannels. He improved rapidly.

A. D.'s child, aged 6 months. Erysipelas on face. There were cold extremities, small, rapid pulse, pupils dilated and other symptoms of congestion of the brain. The flesh was a deep red and dark in its center or where it was first noticed. The tongue was red with a brown coat. The patient had been treated with domestic remedies for several days. This was relieved speedily with Tinct. of Iron in large doses alternated with aconite and belladonna. The color of the tongue and flesh indicated the remedy Iron.—*New York Medical and Surgical Journal*.

THE COMBINATION OF DRUGS VS. SINGLE REMEDIES.

JUST now there seems to be a tendency on the part of many physicians, to take extreme grounds upon the subject of single remedies. They give but one thing at a time, no matter what the conditions or complications may be. Where they are forced to see indications for drugs whose range and sphere of action are quite different, they give them in alternation, sometimes giving from three to half a dozen drugs in the course of an hour or two, with intervals of from fifteen to thirty minutes between medicines. These remedies are given for the purpose of influencing, in some way, different organs or functions of the body, and it is thought by some that better results follow the use of these remedies given singly, although the interval between doses may be short. We used to have just such notions as these, but a careful observation in a daily practice covering twenty-four years has weakened our faith in this hypothesis. I know this, however: In

many cases physicians are in great haste to do something, and that they may accomplish much in a short time, they are frequently urged to give too much medicine, and, as frequently, order too many articles given in the same dose. A few remedies that are clearly indicated will accomplish more than a score carelessly prescribed. But while we admire direct and simple prescriptions, we know that remedies may be well applied in combination in many cases, and that the results of such practice are entirely satisfactory.

While it is true that certain drugs have a special affinity for, or increase or diminish the functional activity of certain organs of the body, it is no less true that these same drugs influence other organs of the body at the same time, but in a less degree. If single drugs produced single effects, and if it were possible to produce single effects upon single conditions, then we might talk about confining ourselves to single remedies; but while we find complicated conditions, calling for drugs of different therapeutic properties, we can see no impropriety in giving them in combination, especially when they are chemically compatible. We repeat, that while we detest the careless compounding and mixing of a dozen or more drugs in a single prescription, we cannot see the value of so much fuss about polypharmacy. The truth is what we want, no matter who it is from, and if we are told and find by experience that morphine and atropine form a valuable compound to be used hypodermically in painful conditions, the combination being better than either drug used singly; if Prof. King tells us, and we find it true by experience, that partridge berry, helonias, high cranberry and blue cohosh, form a reliable combination to be used in certain cases of female disease; if Prof. Potter has found a combination of bromide of ammonium, ipecac, ginger, aconite and colchicum, to answer well in many cases of rheumatism; if Prof. Howe finds such combinations as paraffine, oil of Juniper, Fowler's solution, white wax and lard, in certain proportions, all mixed together, giving good results; or a combination of syrup lacto-phosphate lime, Fowler's solution and tinct. igna-

tia to be useful in certain cases; or if Prof. Scudder tells us, through his "Specific Medication," p. 119, that a combination of tinct. cypripedium, comp. spts. lavender, tinct. of lobelia, and simple syrup, a compound containing ten ingredients, makes an "admirable soothing syrup;" or, as found on page 85, "Specific Medication," that asafoetida, hydrastin, aloes, and a lot of other nasty stuff to hold them together, make an "excellent pill for nervous dyspepsia," we should feel pretty well heeled, and it seems to us that this should be evidence enough to settle the question that more than one medicine may be given at a time, and that to good purpose. Of course, where one remedy will answer our purpose, we are in favor of that one remedy to the exclusion of all others, but where we can make use of more to advantage, and can make combinations that are compatible, we should invariably do so. Now, this seems to us to be the true ground—use as little medicine as possible, and that in the most pleasant and acceptable form; one thing at a time when it will answer, but never sacrifice business, utility, the health of your patient, for mere convenience or the gratification of fanciful doctrines. At least, let us be consistent.—*American Medical Journal*.

STRANGULATED HERNIA.

- DR. J. W. HOWE presented a specimen of strangulated hernia with the following history:— L. M——, a tailor, aged fifty-one years, was admitted to St. Francis' Hospital October 15, suffering from a strangulated oblique inguinal hernia. Twelve months previous to admission, while lifting a heavy tailor's iron, a tumor made its appearance in the left inguinal region and scrotum. The contents of the tumor were replaced by the patient without difficulty, and there were no further symptoms of hernia until the day before his admission to the hospital, when, from the same cause as before, the tumor reappeared. This time the tumor was painful, and could not be reduced by the patient.

A physician was summoned, who applied warm water and chamomile leaves, followed by taxis, but without avail. At the end of twenty-four hours, the physician applied a truss and sent the patient to the hospital, unrelieved of strangulation.

On admission the patient complained of great pain over the tumor, particularly when the latter was pressed upon. He had had no passage from his bowels since the previous morning, nor had his bladder been emptied during that period. The abdominal cavity was distended, and gave a dull percussion sound below, and contained fluid. The pulse was small, irregular and frequent. All the symptoms were much more grave than were usually witnessed in a strangulated hernia of twenty-four hours' duration. He had no stercoraceous vomiting; indeed, the patient seemed too weak to vomit. After etherization the sac was opened in the usual manner. A large mass of coagulated blood was found covering the intestine, the results of the taxis and ignorant application of the truss. The structure was tight, and when cut a large quantity of serum—over a gallon—escaped from the abdominal cavity. The intestine was much bruised at one point, but in other respects was not injured. It was returned to the abdominal cavity, and the usual dressing applied. Death took place twenty-four hours after the operation.

The autopsy was made by Dr. Wendt, curator to the hospital. The cavity of the abdomen contained a large amount of brownish colored fluid. The intestines were congested, and were loosely matted together by pseudo-membrane. A piece of intestine, six inches long, and more congested than the rest, was covered with purulent false membrane. An oblique line of ecchymosis was found in the serous coat of this part extending about two inches into the mesentery, also large and small ecchymosis on its mesenteric attachment. The visceral and parietal peritoneum were mottled. There were no signs of peritonitis about the cut or the internal ring. Both kidneys were congested, and the spleen was in the condition of perisplenitis. The liver was in the atrophic stage of cirrhosis.

The specimen was presented not so much on account of its pathological as its clinical interest, as it illustrated a method of treatment which was not uncommon among ignorant practitioners.

Dr. Carpenter thought that the clinical features of unusual interest in the case were the sudden occurrence of a hernia, which filled the scrotum, and its easy reduction by the patient.—*Medical Record*.

SUCCESSFUL REMOVAL OF A CERVICAL TUMOR INCLOSING A PORTION OF THE PNEUMOGASTRIC NERVE.

FROM a foreign journal, *The Medical Record* takes the report of an interesting operation by Prof. Lucke, of Strasburg. Mrs. K., aged 28, in 1878, consulted him in regard to a tumor in the right submaxillary region. She was a well-made woman of healthy complexion, but with a rather poorly developed thorax. Her elder sister had died of hydræmia following a malignant lymphoma of the neck. For this reason the professor supposed that the present tumor, which was oval in shape, movable, and of firm consistency, had the same character. Accordingly it was removed by a simple operation, and the wound healed by primary intention. Upon examination by Prof. von Recklinghausen, the tumor was found to belong to the hyaline variety of epithelioma, and it was thought that it had taken its origin from an ulcerated lobule of the submaxillary gland. The parotid gland was not involved.

In February, 1880, the patient again presented herself with recurrent tumors—one in the cicatrix; a second, larger one, beneath the right sterno-mastoid muscle. Functional disturbances were apparently absent; the patient's general health was good. The cicatricial tumor was readily removed, although there was considerable venous hemorrhage. The larger tumor was then exposed by a longitudinal incision along the border of the muscle; the latter was now seen to

be so closely united with the tumor that it had to be cut above and below. The carotid artery was easily separated from the tumor, but the pneumogastric nerve and jugular vein appeared to be entirely surrounded by it. The vein was ligatured just above the clavicle, and again above the upper end of the tumor, and the latter was then exsected together with the inclosed portion of the pneumogastric nerve. Upon measurement this was found to be twelve centimetres long. During section of the nerve disturbances of pulse or respiration were not noticeable. The wounds healed kindly; on the tenth day union was complete, suppuration had not occurred, neither had respiratory disturbances been observed. The pneumogastric nerve was found to be four times its natural thickness, and was interwoven with portions of the tumor. In July the patient was seen again. Her respiration was then easily "excitable," otherwise normal. The right arm was weaker than the left, and the shoulder was not easily lifted. Flattening of right side of neck, and superficial carotid pulsation. Attacks of coughing were provoked by pressure upon the cicatrix. The right half of the face, especially about the cheek, was hypertrophied, which, according to Lucke, resulted from the ligature of the jugular vein.

A LARGE CALCULUS.

THE *Boston Medical and Surgical Journal* gives an account of one of Dr. Bigelow's recent operations for a stone of unusual size. The dimensions were $3\frac{3}{4} \times 3\frac{1}{2} \times 3$ inches in three diameters, not far from the measurement of a well-compressed infant's head. The pelvis that contained it was exceptionally narrow, the patient being small in stature. Curiously enough he had been able to work, until three months ago, as a factory engine fireman, and three years ago, after passing several small calculi, he was sounded, and no stone was found. The specimen has not been examined chemically, but, although exceedingly hard, it is nevertheless supposed to be phosphatic.

Dr. Bigelow determined to attempt a crushing, which, with his powerful instruments, seemed a possibility; but at the end of half an hour he had evacuated only 476 grains by tube No. 30. In addition to the hardness of the stone, it was found that its large diameter was too great to allow the instrument to be locked over it. He therefore decided to cut. Extraction was effected with great difficulty, the stone being adherent to the left side of the bladder; at last, by grasping it with Ferguson's lion forceps, by strongly pressing it down from above the pelvis, when it protruded into the abdomen, it was finally removed. The patient was much exhausted, but at the time of writing (the third day) has a pulse of 96 and a temperature of 99° F. only. The calculus in all weighed 6166 grains, and after drying, not far from 12 ounces.

LARYNGOTOMY FOR MEMBRANOUS CROUP.

DR. ALFRED NORTH, of Waterbury, Conn., reports in the *Medical Record* a case of membranous croup occurring in a girl eleven years old, where laryngotomy was performed after the cessation of respiration. The patient revived and lived five days, death resulting from asphyxia, caused by the passage of food into the larynx. From a consideration of this case, the author draws the following conclusions:—

1st. That after the operations upon the larynx or trachea, where the nourishment given regurgitates into the air-passages, rectal alimentation should entirely supplant feeding by the mouth.

2d. That, as is indicated in this case, and proved by experience in innumerable others, the operation is in itself not a dangerous one, and must of itself be exceedingly rarely, if ever, a primary cause of death; therefore, we should undertake it far oftener than is at present done in this country, especially in children dying from suffocation in simple croup. That even the nearly total absence of vesicular murmur need not render the case hopeless, for in this instance the murmur returned, as soon as the opening of the trachea admitted sufficient air to expand the lung.

I have a case in mind where I now regret exceedingly not having operated, in which I was deterred at the time, mainly by the almost complete absence of vesicular murmur over the entire chest.

Dr: Leale recently reported a successful case to the Academy of Medicine in New York, where the false membrane had filled the larynx, penetrated to the small bronchi, as well as extending down the oesophagus into the stomach.

The benign and simple nature of the operation may give us confidence that, even in those cases where we do not save life, at least we have done no harm. Furthermore, even when a fatal result ensues, something has been gained, for, as Dr. Gross says, "it is the easiest way for the patient to die." Although the laryngeal tube was employed in this case, I would avoid its use wherever practicable, and thus do away with the irritation which its presence is liable to cause.

A plan for doing without it was, I remember, prominently brought forward by Dr. Henry Martin, of Boston, in a paper upon the subject, read before the American Medical Convention in 1872. He had employed this plan for sixteen years, with very favorable results, being first obliged to do it in a desperate emergency, when he had at his command only an ordinary thumb-lancet and a needle and thread.

His plan, in brief, was, after making the opening into the trachea, merely to stitch together the outer and the inner margin of the wound with a single thread on each side, draw the wound sufficiently open by these threads, and keep it so by fastening their ends to a rubber plaster passed about the neck.

As to the time of operation, I would not recommend so early a resort to it as is advised by most French surgeons; not necessarily waiting, either, till the case had become almost or quite hopeless; but, after a fair and thorough attempt to relieve by other means steadily increasing dyspnoea, I would proceed to operate, feeling sure that if this were generally done, many cases might be saved which we now allow to die.

OXALATE OF CERIUM IN PERTUSSIS.

DR. MORJE, in accordance with Dr. Clarke's recommendation, has tried oxalate of cerium in the spasmodic stage of whooping-cough. The results which he has obtained are excellent. Not only was the frequency of the attacks reduced, but their intensity was also lessened, in each case giving the patient a good night's rest, and invariably shortening the second and most severe stage of the disease. The remedy was employed in ten cases, of which seven were females. Two of the cases were complicated with other diseases. The mode in which the oxalate of cerium was administered was always the same, a single dose each day before breakfast. The ages of the patients under observation ranged from one to seven years, and the oxalate was administered in half-grain to three-grain doses. In every case the remedy was continued one week longer than there was any existence of the whoop, to obviate the possibility of a relapse. The advantages claimed for oxalate of cerium are that it decreases the attacks, and thereby reduces the violence of the disease, often checking it instantly. It is easily administered, as only one dose is required in the twenty-four hours. Nocturnal quietude is ensured. The possibility of complications is lessened.—*Ex. Gaillard's Medical Journal.*

HOMŒOPATHY VERSUS ECLECTICISM.

BY I. J. M. GOSS, M. D.

HOMŒOPATHY is not eclecticism, although eclectics recognize the dual action of medicines. For instance, there are cases of nausea and vomiting where ipecac may be relied upon as a remedy; then again, in other cases, it does not answer the purpose at all. This is from the fact that nausea and vomiting was the result of an entirely opposite cause, calling for a different remedy. There are cases of diarrhæa, in which podophyllin will be found a good remedy, and then there are cases in which it will not do. It certainly is an established

fact that each drug has a specific affinity for, and an action upon, some tissue or organ. And most of our remedies act through the nervous system; some acting upon the motor nerves, some upon the nerves of sensation; one contracting, another relaxing; one stimulating, another depressing functional action of organs. And it is now an established fact, that the quantity given has much to do with the action of the remedial agent in each case. A remedy, in a certain quantity, will produce pathological conditions in some part or parts, for which it has an affinity, and through these parts, by affecting the nutrition of these parts, or by some reflex action, disturb the whole system. Therapeutists now seem to regard symptoms as the sole indication for certain remedies, but it will not do to rely upon isolated symptoms without regard to the cause of the disease. For instance, we regard certain diseases as of germ origin, as diphtheria, catarrh, and many others; hence it will not do to confine our treatment to the mere febrile manifestation of these diseases; but we must meet the cause, which is a septic element in the blood; that is the prime factor in the production of all the symptoms, both local and systemic. Physicians have been too prone to prescribe routinely, according to the settled idea of their predecessors, not taking time to think for themselves. For instance, they have been accustomed to prescribe mercury in a large majority of the diseases they treat, and now it is very difficult to determine the poisonous effects of that drug from many of the diseases for which it is given.

Ringer says that "most of the tertiary symptoms of syphilis are the abuse of mercurials." But it is well known now, by those who have tried it, that the biniodide of mercury will relieve those pathological conditions that resemble the poisonous effects of mercury, provided that it is not given in large doses as hitherto, but in doses just large enough to neutralize the syphilitic virus and convey it out of the blood. This drug, like most others, points to its curative action by its tonical action. It may be asked then, how does this differ from homœopathy? It differs widely from the old theory of

homœopathists of years ago. Of late there is a branch of homœopathists who do not go into the vague chimera of infinitesimals; these are likely to become eclectic in practice and theory. The dual action of drugs furnishes the key to scientific therapeutics. Each case must be carefully examined, and the dose of medicine, not toxic or infinitesimal, must be sufficient to meet the peculiar indication according to the expressions of the symptoms grouped together.

There certainly is a similarity between the drug's pathogenesis and the disease to be cured in all the valuable remedies that have been used empirically with signal success. Colocynth in large doses produces cutting, screwing pain, and for that kind of pain in the bowels I find it curative. Aloes produce piles, and the same kind of piles are cured by small doses. Oil of turpentine causes nephritis and hemorrhage of the kidneys, in over doses; both these affections are cured by it in small doses. There certainly is a relationship between the symptoms to be met and the action of the remedy to meet them. Eclectics do not deny Haller's law of cure, but they do discard Hahneman's speculations in regard to dynamization of medicines. Trousseau and Ridoux, in their seventh edition of therapeutics, state that cinchonia, in large doses, produces fever. Bretonneau admits the same. These facts cannot be denied.—*American Medical Journal*.

FRACTURE OF SPINE—RECOVERY.

THE *Virginia Medical Monthly* reports the following cases:—

Dr. Coskery exhibited a patient whose case he had reported at a previous meeting of the society. He had received a severe injury, which had resulted in fracture of the 9th and 10th dorsal vertebræ, together with other serious damage. Crepitus at the site of the fracture was very distinct. Paralysis of the lower extremities, bladder and rectum followed. He was treated by a plaster of Paris splint extending from the axilla downward below the knee-joint. He is now able to walk very well; there is, however, still slight talipes.

A SEVERE CASE OF FACIAL NEURALGIA CURED BY A NEW SURGICAL OPERATION.

THE Louisville *Medical News* credits the *British Medical Journal* with the following account of a case reported by Dr. Augustus Brown:—

In April of this year, a lady, aged fifty-six, who had suffered many years from a most severe facial neuralgia, called upon me and implored me to do something for her relief. I shall not readily forget the careworn expression of her face as she related to me the terrible nature of her sufferings. She told me that, for a period of upward of ten years, she had endured the most fearful torture from constant attacks of neuralgia, which caused her to scream, and left her in an exhausted condition; and that, although she had incurred very considerable expense to obtain relief, she had failed to do so; and that the attacks were gradually increasing in violence, frequency and extent. She also informed me that she had been an in-patient for some weeks in the London Hospital, under the care of Dr. Fenwick, and that she had left that institution no better. I need not enumerate the various medicines and remedies which had been tried in this case—ice, electricity, etc.—for all alike had failed; even subcutaneous injections, although at first mitigating the paroxysms, began to lose their influence. Impressed by the supplications of my patient, I promised to do something for her. After considering the case for a week, I resolved upon a plan which I carried out on May 11, 1880. In this case the pain commenced in the mental nerve of the right side, just at its exit from the mental foramen; from this spot it ran backward to the front of the ear, then upward to the vertex, forward to the frontal nerve, down the right side of the face and neck to the arm, and backward to the scapula. On examining the mouth, I found the gum, above the starting point of the pain, of a veined and congested appearance, thickened, and harder to the touch than the gum of the opposite side. The tongue was white and tremulous, and all the teeth had been ex-

tracted. Six years ago she had a portion of the alveolar process removed; the idea then being that the pain was produced by the pressure of a buried stump of a tooth; but the operation proved that this was not the case.

Mr. Penny and Dr. Rowntree kindly assisted me with the operation. As soon as the chloroform took effect, I made an incision along the lower border of the jaw, and dissected up a flap till I reached the mental foramen. I then ran into the foramen a red-hot steel wire for a quarter of an inch or so, and thoroughly destroyed the nerve. On withdrawing the wire, the artery bled considerably, and I was obliged to plug the foramen. This plug was the cause of some amount of suppuration and delay in the healing of the wound. However, it came away in a few days in the discharges, and then the wound healed kindly, and my patient, from that time, has been entirely free from pain, and is now restored to health. Anything more satisfactory than the result of this operation I have never known. She is now able to take food without fear, to sleep without narcotics, her tongue has regained its color, and she now takes an interest in her household affairs.

Much lately has been said and written about nerve-stretching; but the result of this operation proves that in the cautery we have another remedy upon which we may depend, and which, in many instances, may supersede nerve-stretching; also one which possibly may be of great benefit in tetanus.

"STUDY" OF A FASHIONABLE NEW YORK PHYSICIAN.

IN Mr. Henry James's recently published novel, "Washington Square," there is a very clever character study of a fashionable physician. The gentleman who is presented as a type of this class is a Dr. Sloper. He has that mixture of talent, perspicacity and adaptation which insures success in almost any profession. Starting life in a humble fashion, he both marries a fortune and makes a fortune, and this without

any sacrifice of his own self-respect or resort to charlatanry. He is simply a profound student of human nature, and sees no reason why he should not humor it while endeavoring to benefit it. Mr. James says:—

“It was an element in Dr. Sloper’s reputation that his learning and his skill were very evenly balanced, he was what you might call a scholarly doctor, and yet there was nothing abstract in his remedies—he always ordered you to take something. Though he was felt to be extremely thorough, he was not uncomfortably theoretic; and if he sometimes explained matters rather more minutely than might seem of use to the patient, he never went so far (like some practitioners one has heard of) as to trust to the explanation alone, but always left behind him an inscrutable prescription. There were some doctors that left the prescription without offering any explanation at all; and he did not belong to that class either, which was after all the most vulgar. It will be seen that I am describing a clever man, and this is really the reason why Doctor Sloper had become a local celebrity.”

No doubt many will recognize some very familiar traits in the above sketch. There is this to be said, however, about New York’s fashionable physicians:—In the regular school they hardly have the prominence in numbers or position that they possessed in the time of which Mr. James writes. Proportionally the number of physicians of the Dr. Sloper type (considerably diluted) is now much greater among the quasi-homœopaths—those who, under the guise of a broad eclecticism, profess whichever medical dogma suits their patient best. They are persons generally who excel in their powers of adaptation to the idiosyncrasies of woman.

Among regular practitioners, the development of the specialties, as well as the greater infusion of the scientific spirit, has brought new elements into the problem of professional success. A consulting or specialist practice now appears to most persons a much more desirable thing than a fashionable one, and for the former there is required more study of disease and less of human nature *per se*.—*Medical Record*.

A CASE OF OBSCURE ABDOMINAL ANEURISM
DIAGNOSED BY ASPIRATION.

BY CHAS. A. HART, M. D., PLAINFIELD, N. J.

FEBRUARY 24, 1879, I was called by Dr. H. D. Burlingham to see John Slater, colored, aged forty-seven years, who had an obscure abdominal tumor. His principal occupation had been that of waiter. Had suffered from chills and primary syphilis. No history of general poisoning. Never had rheumatism. Had been rather intemperate. Has had pain in the lumbar region for five years, at times very severe, of a gnawing character. Was obliged to give up work a year ago on account of suffering. When standing, would incline the body toward the right side. The middle of the present month first noticed a small tumor in the right side below the ribs. Has been having daily chills without fever. Is considerably emaciated and unable to help himself. Pulse feeble, temperature normal. Not much pain, except on motion. Urine charged with urates, but no albumen. The abdomen is distended by a tumor occupying the right hypochondrium and a portion of the left, extending nearly down to the crest of the ilium; the umbilicus is dragged about an inch to the right of the median line. Percussion dull from the sixth rib to the right anterior spine of the ilium. Surface of tumor generally smooth, but at one point nodular. General outline well defined and seems continuous with the liver. The growth has a very decided pulsation, *but no thrill or bruit*. The mass feels doughy but not fluctuant. Pulsation of right femoral artery less forcible than left.

From the above examination I was unable to decide the nature of the growth, but inclined to the opinion of aneurism of the abdominal aorta. Several physicians who had seen the case thought it either malignant disease of the liver, or abscess. I next saw the case with Dr. Burlingham on March 5. The tumor had increased greatly in size and seemed nodulated, with indistinct fluctuation, but still no bruit. The patient's condition being so deplorable, I determined to explore the tumor

with a round-pointed aspirating needle, attached to a hypodermic syringe (reported in *Medical Record*, January 3, 1880), and settle the question of its nature. The needle upon puncturing the sac gave the sensation of having entered a cavity, and the *barrel of the syringe filled with arterial blood*. The tumor was undoubtedly aneurismal. No leakage took place from the point of puncture. The tumor continued to increase rapidly, and on March 19, the patient died suddenly, about six weeks from the time the growth was first discovered.

Post-mortem twenty-eight hours after death. Cadaveric rigidity slight. Abdominal cavity only examined. The tumor extended on the right side from above the free border of the ribs to the iliac fossa. The liver and intestines were crowded to the left side of the abdominal cavity. The ascending colon, vena cavæ, and the abdominal aorta were found partly overlying the sac and closely adherent to it. The outer portion of the cyst was firmly adherent to the abdominal wall. A portion of the proper aneurismal sac, the size of the hand, had been absorbed, and its place supplied by the posterior abdominal wall. In the upper and posterior wall of the sac a large rent was found, where rupture had taken place, giving exit to about two quarts of blood. A removal of the tumor showed its origin to be from the descending aorta, about two inches below the diaphragm. The opening in the vessel was three-fourths of an inch in size. A small portion of the sac lay over the spinal column. The last dorsal and first four lumbar vertebræ were found very much eroded, the second and third lumbar vertebræ were absorbed to the depth of three-fourths of an inch. The intervertebral substance had not suffered from pressure. The right kidney was found on the outer and anterior face of the sac, very much flattened, and was what had given the feeling of nodulation. The deposit of fibrin on the anterior side of the sac was quite thick, but thinned on the posterior. The aorta showed extensive ætheromatous deposits. I failed to discover the sight of exploration. The obscurity of the disease, its rapid development after discovery, and large size, renders the case worthy of note. Without exploration I am at a loss to know how a diagnosis of its nature could have been arrived at with any degree of certainty.